



17607 U.S. PTO

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	MANAGEMENT OF GASTRO-INTESTINAL DISORDERS
Attorney Docket Number::	06727/0200907-USO
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1A
Total Drawing Sheets::	12
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Ilan
Family Name::	Ben-Oren
City of Residence::	Jerusalem
Country of Residence::	Israel
Street of mailing address::	Kadish Luz Street 14/80
City of mailing address::	Jerusalem
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	96920

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Argentina
Status:: Full Capacity
Given Name:: Julian
Family Name:: Daich
City of Residence:: Jerusalem
Country of Residence:: Israel
Street of mailing address:: Hamitzpeth Street 15
City of mailing address:: Jerusalem
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 94525

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Ephraim
Family Name:: Carlebach
City of Residence:: Ra'anana
Country of Residence:: Israel
Street of mailing address:: Har Sinai Street 33
City of mailing address:: Ra'anana
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 43307

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: George
Family Name:: Yariv
City of Residence:: Jerusalem
Country of Residence:: Israel

Street of mailing address:: Hanamer Street 7
City of mailing address:: Jerusalem
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 96954

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/IL02/00702	08/22/02
PCT/IL02/00702	Continuation of	60/314,346	08/23/01
PCT/IL02/00702	Continuation of	60/392,514	06/28/02

Assignee Information

Assignee name:: Oridion Breathid Ltd.
Street of mailing address:: P.O. Box 45025
City of mailing address:: Jerusalem
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 91450